DOCUMENT RESUME

ED 447 383 CG 030 483

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TITLE Clinical Services in the New Millennium: Expanding Targets, Limited Ammunition.
PUB DATE 2000-08-00
NOTE 10p.; Paper presented at the Annual Conference of the American Psychological Association (108th, Washington, DC, August 4-8, 2000).
PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *College Students; *Counseling Techniques; *Diversity (Student); Educational Resources; Higher Education; *Mental Health Programs; *Psychotherapy; *Research

ABSTRACT

Research suggests that the severity of emotional, behavioral, and characterological concerns of college students has increased significantly since the late 1980's. There is also evidence of a student body that is becoming more diverse according to race and age. This paper presents data and summarizes findings in three areas: the increase of client severity; the increasing diversity of student populations; and the loss of resources that support clinical services. In addition, current effective practices in college clinical services are highlighted, and creative personnel and technical enhancements designed to stretch limited resources are proposed. This paper calls for a balance of thoughtful considerations of alternatives with both an eagerness to adapt to change and an eye to borrow from other settings and disciplines. (MKA)

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Clinical Services in the New Millennium:

Expanding Targets, Limited Ammunition

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Paper Presented at the Annual Convention of the

American Psychological Association

August 2000, Washington DC

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ABSTRACT

Clinical Services in the New Millenium: Expanding Targets, Limited Ammunition

Data from two major longitudinal surveys of college mental health services, Gallagher's National Survey of Counseling Center Directors and Magoon's Counseling Center Directors' Annual Data Bank, suggest that the severity of emotional, behavioral, and characterological concerns of college students has increased significantly since the late 1980's. Greater percentages of new clients previously received psychotherapy, have taken or are taking psychotropic medications, or have been in a psychiatric hospital or a residential treatment facility.

The surveys also provide evidence of a student body that is becoming more diverse according to race and age. While the modal college student is White and between 18 and 22 years old, the number of these students decreases every year. In fact, the growth areas for college enrollees are racial minorities and non-traditional age students. In addition, the developmental issues and counseling needs for these clients differ significantly from those of the traditional counseling center client, which compels counseling centers to create and deliver relevant programs and services. Unfortunately, survey data also clearly show that institutional resources to support college mental health services have been reduced through the loss of professional staff or intern positions, budget reductions, and mergers with other campus units.

This article presents data and summarize findings in three areas: (a) the increase of client severity, (b) the increasing diversity of student populations, and (c) the loss of resources that support clinical services. In addition, current effective practices in college clinical services will be highlighted, and creative personnel and technical enhancements designed to stretch limited resources are proposed. The article also calls for a balance of thoughtful considerations of alternatives with both an eagerness to adapt to change and an eye to borrow from other settings and disciplines.

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Context

In part to coincide with the new Millennium, the main accrediting body for college counseling centers, IACS, the International Association for Counseling Services), recently updated their accreditation standards. The new IACS Standards continue to include a concise perspective of the role of college mental health counseling services within Higher Education.

"Counseling services are an integral part of the educational mission of the institution and support the mission in a variety of ways, such as consultation, teaching, preventive and developmental interventions and treatment. They provide clinical and counseling services to clients who are experiencing stress due to academic, career or personal problems which may interfere with their ability to take full advantage of the educational opportunities before them." (IACS, 2000, p. 8).

The IACS document goes on the describe the three principal foci of counseling services, the first two of which directly link with clinical activities.

"The counseling service should play three essential roles in serving the university and college community. The most prominent is providing counseling and/or therapy to students experiencing personal adjustment, vocational, developmental and/or psychological problems that require professional attention. Second is the preventive role of assisting students in identifying and learning skills which will assist them in effectively meeting their educational and life goals." (IACS, 2000, p. 3).

In order to accomplish the above, the IACS Standards further delineate eight key program functions. Clinical services can be viewed as consisting of two of these: (1) individual and group counseling/psychotherapy; and (2) crisis intervention and emergency services.

"Counseling services must provide individual and group counseling and therapy services that are responsive to the diverse population of students experiencing ongoing or situational psychological or behavioral " (IACS, 2000, p. 3). "Counseling services should provide emergency services for students who are experiencing acute emotional distress, are a danger to self or others, or are in need of immediate hospitalization. Such services may be provided by other agencies on campus or in the surrounding community. In such cases, counseling service staff need to work closely with other service providers to ensure that the resources are adequate and effectively used" (IACS, 2000, p.4).

Evolutions in College Mental Health over the Past 30 Years

For the most part, the above foci and program functions have remained consistent over the past thirty years, and many have argued that college counseling centers have changed in evolutionary rather than revolutionary ways (Archer & Cooper, 1998). Yet, these evolutionary changes have been important. Five such changes stand out.

First was a paradigmatic expansion of the psychosocial models underlying the classic counseling approaches to now include biological, cultural and spiritual components. Evidence of the increased attention to medical approaches to psychological problems is pervasive, and there is solid research to suggest that psychotropics are useful (and at times essential) for many conditions. For the most part, these medical adjuncts are more effective with somatic symptoms than they are with cognitive and affective symptoms, and most studies have shown that the combination of therapy with medications is more effective than medication alone.

Evidence of the impact of multicultural perspectives in counseling is equally pervasive. Graduate curricula, texts, journal publications and applied experience requirements emphasize the development of multicultural counseling knowledge, attitudes, and skills. More recently, the importance of bringing spiritual factors into the

counseling process is receiving attention both at professional conferences and in professional publications.

A second evolutionary advance was a greater understanding of young adult development. Chickering developed and amended his vector theory (Chickering & Reisser, 1993). Pascarella and Terenzini (1991) summarized decades of research on how the college experience changes people in positive directions. Yet even with this growth in understanding, the level of psychopathology among students entering college has increased substantially (Gallagher & Brunner, 1995). A number of contributing factors have been hypothesized including rapid acceleration in social change, disintegration of families, modeling and identification of psychological problems in the media, and increased percentages of people seeking a degree in higher education (Archer & Cooper, 1998).

A third evolutionary change was the development and specialization of the field of applied psychology. From a generic approach applied more or less undifferentially, most practice and scholarship today is focused. At times this focus is on special issues (e.g., suicidality, substance abuse, sexual violence, stress, career development and relationships) and at other times on specific populations (e.g., minority students, GLB persons, students with learning or psychological disabilities, mandated clients and non-traditional students).

A fourth evolutionary force has been the increased litigious nature of U.S. society. In part, this has reinforced the movement toward specialized knowledge and certification just mentioned. Of more importance, the fear of expensive legal proceedings and negative court judgments has exercised a significant influence on conducting clinical

practice in a defensive manner. Partially, this has been productive in reducing abuses, but a number of downsides such as increased energy directed toward lawsuit avoidance and reduced flexibility in conducting therapy have also resulted.

A fifth evolutionary change was the emergence and impact of managed care along with the concomitant development and use of brief therapy formats. While only a few college counseling centers have been outsourced, the majority have been forced to provide increased services with decreased resources. Limiting who receives services, the total amount of services provided, or the format of services offered (e.g., group) have been frequent actions followed. Today, most college counseling centers embrace either a structural or process approach to managing services through brief therapy.

The New Millennium

A number of forces are converging to confront higher education with its highest level of challenge in the past 100 years. These include three pervasive systemic changes: (a) Unprecedented movement toward societal change and emergence of a multicultural society; (b) Globalization of the economy and economic uncertainty; and (c) Technological revolution. Colleges and universities are under significant demand to better respond to the needs of society and the constituencies they serve and to be accountable for the benefits they claim to generate. They experience numerous paradoxes such as pressures to act like a business, yet be a place of caring and nurturance or to be at the cutting edge of computer technology, yet reduce or contain costs. As part of institutions of higher education, college counseling centers are being asked to show how their clinical services align with the central mission of their school and to

demonstrate the benefits students obtain rather than document the activities staff conduct. Centers are also being challenged to provide mental health services to increasingly diverse student bodies and to incorporate newly-emerging technology into the ways that old and new services and programs are offered.

Four additional forces that manifest in the actions and attitudes of individual students or in subgroups of students are presenting significant challenges to colleges and universities. These are: (a) adverse impacts of alcohol and drug abuse and escalation of violence on campus; (b) the AIDS epidemic; (c) violations of the various ISMS such as racism, sexism, and heterosexism; and (d) increase in psychopathology. The clinical services offered through college counseling centers are expected to play a key role in prevention or responding to problems and crises in each of these four areas, particularly with student substance abuse and violence as well as with student psychopathology. Further, the pressures are to meet increased needs with decreased resources. This leads to a need for creative responses, including the development of adjuncts to services (e.g., peer educators, professional affiliates, psychiatric support personnel, impromptu theatre troupes, etc.) and a diversification of professional roles (e.g., consultation, change agent, advocate, etc.).

Given all the above change forces, it is not surprising that several emerging directions for college mental health clinical services are arising. One significant area is the use of technology that can be divided into computer applications versus other technologies such as videos, light therapy, biofeedback, and radio. Further, these computer uses can be passive (e.g., a website providing information) or interactive (e.g., a chat room). A second direction is the movement toward formalized collaborations of

clinical services staff with others in the college setting (e.g., student affairs professionals, faculty, staff, and student leaders) for the purposes of mental health promotion. Such collaborations may be time limited and highly specific or ongoing and more general in focus. A third emerging direction is the facilitation of discussions/workshops on the "spiritual-existential" side of students' lives. Interest in this topic has increased substantially in the past few years. A fourth emerging direction in college mental health clinical services is significant growth in the use of outcome assessment using both quantitative and qualitative methods. While accountability is one aspect driving this, many therapists believe use of such assessments at key points during the counseling process can lead to enhanced effectiveness of treatment.

Conclusion

In 1998, Archer and Cooper delineated six diverse organizational models for college counseling centers. The particular model that best fits a given college or university will depend on the specific context of that specific institution and setting. Regardless of which model is the best suited, four key issues to address in an ongoing fashion are: purpose, missions, structure, and resources.

The clinical services provided at college counseling centers have undergone a number of evolutionary changes over the past thirty years. As part of institutions of higher education, such clinical services are further changing under significant pressures to respond to sweeping, societal and technological changes and to prevent or respond to several highly destructive individual and group behaviors students manifest. A combination of high levels of staff professionalism and high levels of staff creativity

(getting out of the box) will be needed. The increased level of connectivity among the global village of college mental health centers as well as the openness in sharing information found among counseling services staff at these centers will be significant allies in the efforts to improve and enhance clinical services in the new millennium.

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